

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/575,991
Filing Date April 13, 2006
First Named Inventor Lital Alfonta
Art Unit 1656
Attorney Docket Number 54-000711US

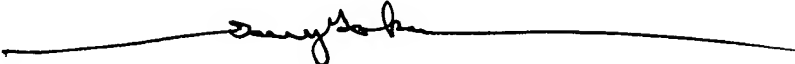
Total Number of Pages in This Submission

3

ENCLOSURES (Check all that apply)


<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Executed Declaration
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Cited References	<input type="checkbox"/> Power of Attorney
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Copy of PCT Search Report	<input type="checkbox"/> Certificate of Assignee
<input type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Copy of EP Search Report	<input type="checkbox"/> Copy of Executed Assignment (Not for Recordation)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Sequence Listing Statement
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Sequence Listing Paper Form
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Copy of Filing Receipt – marked-up	<input type="checkbox"/> Drawings
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Replacement/Supplemental Application Data Entry Form	<input type="checkbox"/> Letter to Official Draftsperson
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> Replacement Specification – Marked-Up
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Replacement Specification – Clean Copy
<input type="checkbox"/> Copy of Notice to File Missing Parts	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input checked="" type="checkbox"/> Interview Summary	Remarks 	
<input type="checkbox"/> Preliminary Amendment		
<input type="checkbox"/> Request for Continued Examination (RCE)		
<input type="checkbox"/> Change Entity Status		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Quine Intellectual Property Law Group P.C.		
Printed name	Gary Baker	Reg. No.	41,595
Signature			
Date	April 1, 2011		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Deborah Barragan		
Signature		Date	April 1, 2011